COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

ISCAL YEAR:					DISTRICT	NAME:	
EPORT DATE:					DISTRICT	NUMBER:	
LEGAL (non LEO)	DETECTED	STORED	RETURNED	ILLEGAL	CONFISCATED	INCIDENT RPT	ARREST RPT
SUNS				GUNS			
NIVES				KNIVES			
				EXPLOSIVES			
		!		DRUGS			- · ·
THER_	- · · · · · ·	<u> </u>		OTHER		······································	
TOTAL				TOTAL			:
ROHIBITED	DETECTED	STORED	RETURNED		CSO HOURS	TYPE INCIDENT	TOTAL/MONTH
ell Phones			<u>-</u>	Criminal Court		Bomb Threat	
omputers						Assault	
ecorders		<u> </u>		Civil Court	·- 	Forced Entry	<u> </u>
agers		:		·		Medical emerg.	
ameras				Tax Court		Disruptive person	!
tun guns		 		Opplement		Itlegal weapon Contraband	ļ
C Spray		1		Bankrupcy			í
ther		+		Travel		Shooting Other	
		 		11042		On let	
				Other			
TOTAL	_			TOTAL HRS.	<u> </u>	TOTAL	·
REMARKS:							
EAD CSO/SITE SUP	ERVISOR	USI	MS JSI/COTR SI	GNATURE	DATE SU	RMITTED	

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

ARREST	To deprive a person of his/her liberty by legal authority. Seizure of an alleged or
i	suspected offender to answer for a crime. Arrests or any custodial interrogation though
	not technically an "arrest" must be based on probable cause. To be actionable in the
1	event that such seizure is improper or unlawful, there must be an intent on the part of the
İ	arresting officer or agent to bring the suspect into custody. The seizure or detention must
1	be understood by the person being arrested that he/she is under arrest.
DETAINMENT	To keep from proceeding; to delay; to keep in custody, retain or withhold.
SEIZURE	The act of forcibly dispossessing an owner of property under actual or apparent authority
	of law. Also, the taking of property into custody of the court in satisfaction of a
1	judgement or in consequence of a violation of public law.
RESTRICTIONS	To hold with limits.
DETECTION	The act of detecting or the fact of being detected.
INCIDENT	An occurrence or event that interrupts normal procedure or precipitates a crisis.
	Reporting an incident on the Court Facility Monthly Statistical Summary means that you
	must also submit a copy of the corresponding Court Facility Incident Report (CSO form
	003) to the Judicial Security Division (JSD), Judicial Protective Services (JPS),
	Operation Support Services Branch (OSSB), ALL COURT FACILITY INCIDENT
	REPORTS MUST BE FORWARDED TO JPS – OSSB WITHIN 24-HOURS AFTER
CONTRABAND	THE INCIDENT OCCURS.
CONTRABANO	Any property or possession, the transportation of which is ILLEGAL. For instance,
	narcotic drugs, firearms, etc. When contraband is discovered on a court visitor, detain
	the subject and immediately call a DUSM to the scene. Prepare a Court Facility Incident
	Report (CSO Form 003) to describe the situation. The report must address who, what,
WEAPON	where, when and how.
WEAPON	Any instrument capable of producing death or serious bodily injury. An instrument may
	be intrinsically deadly (e.g. knife, pistol, rifle) or deadly because of the way it is used or
	the force with which it is used (e.g., wrench, hammer, stick).
LEGAL	Authorized by or based on law. Enforced or recognized by law. Created by law.
ILLEGAL	Forbidden by law or by official rules.
PROHIBITED ITEM	Any item listed as prohibited in the court facility by order of the Chief Judge or the U.S. Marshal.
ABANDONMENT	Knowing relinquishment of one's right or claim to property without any future intent to
	again gain title or possession. Relinquishment or surrender of rights or property by one
	person to another. Intent to abandon and the act by which the intention is carried out. A
	finder of the property not legally abandoned must make reasonable efforts to restore it to
	the true owner and must relinquish it to him/her upon demand.
KNIFE	A cutting instrument having a sharp blade with a handle.
GUN	Any device, whether apparent or disguised, capable of firing an explosive charge used as
	a propellant for a projectile.
CONFISCATE	To take private property without just compensation. To transfer property from a private
	use to a public use. To appropriate private property as a result of a criminal conviction
	or because the possession was itself, a crime.
WEAPONS OFFENSE	Violations of statutes or regulations that control weapons.

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

LEGAL (non L.E.O)	This refers to legally carried weapons. DO NOT include Law Enforcement Officer
ŀ	(LEO) weapons in this category. (Varies by state.)
DETECTED, STORED, AND RETURNED	Self explanatory. The quantity of "STORED" and "RETURNED" weapons should match. If they do not, you should immediately make inquiries to determine why they don't match.
ILLEGAL	Use these blocks to identify CONTRABAND carried by persons who are NOT legally authorized to possess or transport it. (Varies by state.) When contraband is discovered, immediately detain the person(s) involved, call a DUSM to the scene, prepare a Court
	Facility Incident Report, and include the report on the Court Facility Statistical Summary report. Provide name and date of birth of perpetrator.
COURT FACILITY INCIDENT REPORT	Use this field to report the quantity of Court Facility Incident Reports prepared during the reporting period. Any time there is an ILLEGAL item confiscated from a court visitor there should be a corresponding incident and/or arrest report. Copies of Incident and/or arrest reports must be sent to JSD/JPS-OSSB with 24-hours after the incident occurs. Be sure to include copies of Incident Reports with the monthly Court Facility Statistical Summary report submission.
ARREST REPORT	Use this field to report the quantity of arrest reports prepared as a result of a violation of the building security regulations. Arrest reports will be prepared by a DUSM. A copy of the Arrest Report(s) should be sent with the Court Facility Statistical Summary Report and sent to JSD/IPS-OSSB.
PROHIBITED ITEM	This field contains a list of some but not all items that may be prohibited in the court facility. If other non-identified items are detected and stored, you may identify them in the vacant spaces at the bottom of the list. Be sure to verify that the number of items stored matches the number of items returned. If they do not match, you must immediately make inquiries to determine why they don't match.
CSO HOURS	Number of hours charged during the reporting period by Court Security Officers in performing their duties in the categories listed.
TYPE OF INCIDENT	Use this field to report the quantity of Court Facility Incident Reports for the type of incidents listed. (e.g., 2 Bomb Threats, 7 Assaults, etc.)

COURT FACILITY INCIDENT REPORT

1. DATE OF REPORT	2. DATE OF INCIDENT	3. REPORTED BY (Please print):	
	4. REPORTING DISTRICT	5. LOCATION OF INCIDENT	
		City	State
6. TYPE OF INCIDENT			
7. CHECK APPLICABLE BO	ox		i
☐ INITIAL REPORT	FOLLOW-UP REPOR	r ADDENDUM (Initial report dated,	
8. INCIDENT DESCRIPTIO	N (Details should cover who, what,	where, when and how.)	
			ļ
]
9. REPORT PAGES	, <u> </u>		
REPORT CONTINUED OF	NATTACHED I	PAGE(S).	
I hereby certify that the i	information stated berein is true, o	complete and accurate to the best of	my knowledge.
10. SIGNATURE OF PREPA	RER 11. DATE	14. DISTRIBUTIO	N
		DISTRICT CO	TR-1 COPY
12. APPROVED BY:	13. DATE	JPS/OSSB - CO	O P Y
NAME			
TITLE			
			<u></u>

COURT FACILITY INCIDENT REPORT

1. DATE OF REPORT 2. DATE OF INCIDENT 3. REPORTED BY 4. REPORTED BY 4. REPORTED BY 5. LOCATION OF INCIDENT 5. LOCATION OF INCIDENT 6. TYPE OF INCIDENT 7. CHECK APPLICABLE BOX 8. INCIDENT DESCRIPTION 8. INCIDENT DESCRIPTION 8. INCIDENT DESCRIPTION 8. INCIDENT DESCRIPTION 9. At a minimum, the report must address the following: WHO: Provide the name(s) of the incident happened in detail. WHERE: Where did the incident happened in detail. WHERE: Where did the incident happened? All reports must be legible, complete, and accurate as possible. Explain the incident in detail, from the beginning to the end. Never end in the middle of the story. BE SURE THAT THE REPORT CAN BE READ BY SOMEONE OTHER THAN YOU. 9. REPORT PAGES If the narrative describing the incident is included on additional pages, write the number of pages attached. If contents of the report are sensitive in nature, each page should be marked "FOR OFFICIAL USE ONLY." 10. SIGNATURE OF PREPARER 11. DATE 11. DATE 12. APPROVED BY 13. DATE 15. Indicate the date the report was reviewed, approved, and signed by the contractor's supervisory representative. Self explanatory.		
3. REPORTED BY Provide the name of person preparing the report. 1. REPORTING DISTRICT Indicate the name of the district preparing the report. Please annotate if different than where the incident occurred. 5. LOCATION OF INCIDENT Indicate the city and state where the incident occurred. 6. TYPE OF INCIDENT Indicate the city and state where the incident occurred. 7. CHECK APPLICABLE BOX Indicate whether this is an unital report, a follow-up or an addendum to a previous report. 8. INCIDENT DESCRIPTION At a minimum, the report must address the following: WHO: Provide the name(s) of the person(s) involved and their date of birth. WHAT: Describe what happened in detail. WHERE: Where did the incident happen? City, building, floor, room, etc. WHEN: Date and time of the incident. HOW: If not already covered in the "what" category, describe how the incident happened. All reports must be legible, complete, and accurate as possible. Explain the incident in detail, from the beginning to the end. Never end in the middle of the story. BE SIRE THAT THE REPORT CAN BE READ BY SOMEONE OTHER THAN YOU. 9. REPORT PAGES If the narrative describing the incident is included on additional pages, write the number of pages attached. If contents of the report are sensitive in nature, each page should be marked "FOR OFFICIAL USE ONLY." 10. SIGNATURE OF PREPARER Self explanatory. 11. DATE Enter the date you signed this report. 13. DATE Enter the date the report was reviewed, approved, and signed by the contractor's	!	
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	14 DISTRIBUTION	
14. DISTRIBUTION Immediately forward a copy of this report as indicated.	14. DISTRIBUTION	initinediately forward a copy of this report as indicated.

COURT SECURITY OFFICER (CSO) TRAVEL AUTHORIZATION

VOUCHE		V	OUCHER TYPE			CONTRACTOR'S	S NAME
TRAVLITE		O Ori		Reclaim			
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ME:	MI	LAST	TRIP	BEGINS ON _I M	M/DD/YY):	Lodging and M&IE	s
DRE\$S: Y:		ZIP CODE:	TRIP	ENDS ON (MM)	: (ייניסט	Transportation	\$ \$
	DISTRICT LOCATION:			-		TOTAL	s
TRPOSE OF TRAVIT	·					<u> </u>	
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COURT SECURITY OFFICER (CSO) TRAVEL EXPENSE REIMBURSEMENT

1. TRAVELER IDENTIFICATION	3. APPROVATS						
NAME:		TENS					
RESIDENCE:							
CITY: STATE: ZIP:							
DISTRICT ASSIGNMENT:	TRAVELER DATE AND SIGN HERE	CONTRACTOR'S APPROVING OFFICIAL DATE AND SIGN HERE					
TRIP ENDED (MMDDYY)	I hereby certify that the travel undertaken in this reimbursement voucher is true and accurate to the best of my knowledge and that payment or	I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of USMS					
TRAVELTIME: O Less than 12 hrs. O Less than 24 hrs. O More than 24 hrs. PRIMARY DESTINATION:	credit has not been received by me. SUBMISSION DATE:	contract business. PRINTED NAME: SUBMISSION DATE: SIGNATURE:					
TRANSPORTATION METHOD INDICATOR - HIGHEST CLASS OF TRAVEL	SIGNATURE:						
□ 1. COACH □ 2. BUSINESS CLASS □ 3. FIRST CLASS □ 4. N/A	_						
REASON FOR UPGRADE (Required if Business or First Class is used.)	L. TRAVIT, PERPOSE:	5. VOLCHUR IYPL!					
Coach pot available Cost Sayings Travel Greater then 14 hrs		ORIGINAL D RECLAIM					
6. UMPLNSE SUMMARO							
Cost for Air, Train, Bus, etc.	<u></u>						
Car Rental and Gas		· ·					
Privately Owned Vehicle (POV)/Mileage Total	\$						
Public Transportation - Temporary Post Assignment	S						
Lodging							
State/Local Lodging Taxes	\$						
Meals and Incidental Expenses	\$						
Parking	5						
Other	5						

Daily Expense Report Summary: Enter expenses in categories provided below. After completion, record the total for each category on page one in box six.

		C⊯r	POV	Public	1	Logizine	1	l		
ST	City/County	Rental/Gas	Mileage	Transp.	Lodging	Taxes	MAIE	Parking	Other	Comments
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INSERT TOTALS (S) FOR EACH COLUMN.

	SUBCONTRACTING R	EPORT FOR INDIVIDUATIONS ON rever		TRAC	rs	OMB No.: 9000 Expires: 04/30	-0006)/2004
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	UBCONTRACTOR	SUBCONTRACT NUMBER	•	b. STREE	T ADDRESS		
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		SUBCONTRA	CT AWARDS	s			
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10b.	LARGE BUSINESS CONCERNS (Doll. Percent of 10a.)	ar Amount and					
10c.	TOTAL (Sum of 10a and 10b.)				100.0%	<u> </u>	100.0%
11.	SMALL DISADVANTAGED BUSINES (Include HBCU/MI) (Dollar Amount a						
12. ——	WOMEN-OWNED SMALL BUSINESS (Dollar Amount and Percent of 10c.)						
13.	HISTORICALLY BLACK COLLEGES A (HBCU) AND MINORITY INSTITUTIO (Dollar Amount and Parcent of 10c.)	NS (MI) (If applicable)					
14,	HUBZone SMALL BUSINESS (HUBZo (Dollar Amount and Percent of 10c.)						
15.	VETERAN-OWNED SMALL BUSINES Uncluding Service-Disabled Veteran-C (Dollar Amount and Parcent of 10c.)	Owned SB Concerns)					
16.	SERVICE-DISABLED VETERAN-OWN BUSINESS CONCERNS (Dollar Amou of foc.)			•			
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AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is not usable

STANDARD FORM 294 (REV 5/2001) Prescribed by GSA-FAR (48 CFR) 53.219(a)

GENERAL INSTRUCTIONS

- 1. This report is not required from small businesses.
- 2 This report is not required for commercial items for which a commercial plan has been approved not from large businesses in the Department of Defense (DOD) Test Program for Negotiation of Comprehensive Subcontracting Plans. The Summary Subcontract Report (SF 295) is required for contractors operating under one of these two conditions and should be submitted to the Government in accordance with the instructions on that form.
- 3. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over 5500,000 (over \$1,000,000 tor construction of a public (acitity); and (b) are required to report subcontracts awarded to Small Business (SB). Sinell Disedvantaged Business (SD6), Women-Owned Small Business (WOS8), HUBZorie Small Business (HUBZorie SM), Vateran-Owned Small Business (VOSB) and Service-Orsabled Veteran-Owned Small Business (Concerns under a subcontracting plan. For the Department of Defense (DO0), the National Aeronautics and Space Administration [NASA], and the Coast Guard, this form also collects subcontract award date for Historically Black Colleges and Universities (HBCUs) and Minortry Institutions [MISCUs) and
- 4. This report is required for each contract containing a subcontracting plan and must be submitted to the administrative contracting officer (ACO) or contracting officer if no ACO is assigned, semi-annually during contract performance for the periods ended March 31st and September 30th. A separate report is required for such contract at contract completion. Reports are due 30 days after the close of each reporting period unless otherwise directed by the contracting officer. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or since the previous report.
- Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.
- Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.
- Subcontract award data reported on this form by prima contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit <u>cannot</u> be taken for awards made to lower lier subcontractors.

SPECIFIC INSTRUCTIONS

- BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (UUNS) number that the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreat Information Services at 1-800 333-0505 to get one tree of charge over the telephone. Be prepared to provide the following information; (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Data the company was started; (7) Number of people employed by the company; and; (8) Company affailation
- BLOCK 4: Check only one. Note that all subcontract award data reported on this form represents activity since the inception of the contract through the date indicated in this block.
- BLOCK 5: Chack whether this report is a "Reguler," "Find," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed the contract or subcontract reported in Block 7. A "Revised" report is a change to a report praviously submitted for the same period.
- BLOCK 6: Identify the department or agency administering the majority of subcontracting plans.
- **SLOCK 7:** Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or subcontract number.
- **BLOCK 8:** Enter the name and address of the Faderal department or agency awarding the contract or the prime contractor awarding the subcontract.

- 8LOCK 9: Check the appropriate block to indicate whether indirect costs are included in the dollar amounts in blocks 10a through 14. To ensure comparability between the goal and actual columns, the contractor may include indirect costs in the actual column only if the subcontracting plan included indirect costs in the goal.
- BLOCKS 10s through 16: Under "Current Goat," enter the dollar and percent goals in each category (SB, SDB, WOS8, VOSB, service-disabled VOS6s, and HUBZons SB; from the subcontracting plan approved for this contract. Iff the original goals agreed upon at contract award have been revised as a result of contract modifications, enter the original goals in Block 16. The amounts british in Blocks 10s through 15 should reflect the revised goals.) Under "Actual Cumulative," enter ectual subcontract achievements tidollar and percent from the inception of the contract through the data of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate prorested portion of indirect awards.
- 8LOCK 10s: Report oil subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, service-disabled VOSBs, and itU8Zona SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HSCUs and Mis.
- BLOCK 10b; Report all subcontracts awarded to large businesses
- SLOCK 10c: Report on this line the total of all subcontracts awarded under this contract (the sum of lines 10e and 10b).
- BLOCK\$ 11 through 16: Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (s. g., SDBs owned by women or voterene).
- BLOCK 11: Report all subcontracts awarded to SDBs lincluding women-owned, vateran-owned, service-disabled VOSBs, and HUBZone SB SDBsI. For DOD, NASA, and Coest Guard contracts, include subcontract awards to HBCUs and MIs.
- BLOCK 12: Report #I subcontracts awarded to Women-Owned firms (including SDBs, VOSB's, service-disabled VOSBs, and HUBZons SBs owned by women).
- SLOCK 13 (For contracts with DoD, NASA, and Coast Guard): Report all subcontracts with HBCUs/Mis. Complete the column under "Current Goal" only when the subcontracting plan establishes a goal.
- BLOCK 14. Report all subcontracts awarded to MU87ona S8s (richding womer-owned, vateran-owned, service-disabled VOSBs, and SOB MU8Zone S8s).
- 8LOCK 15: Report all subcontracts awarded to VOSBs including service-disabled VOSBs (include VOSBs that are also SOBs, WOSBs and HUBZone SBs.).
- BLOCK 16: Report all subcontracts awarded to service-disabled vateran-owned S8 concerns that are also SDBs, WOSBs, and HU8Zone SBs.
- 8LOCK 17: Enter a short narrative explanation if (a) SB, SD8, WOSB, VOSBs, Service-Disabled VOSBs, or HUBZone SB accomplishments (all below that which would be expected using a straight-line projection of goals through the period of contract performance; or (b) if this is a line report, any one of the three goals was not met.

DEFINITIONS

- Orect Subcontract Awards are those that are identified with the performance of one or more specific Government contractist.
- Indirect costs are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

DISTRIBUTION OF THIS REPORT

For the Awarding Agency or Contractor:

The original copy of this report should be provided to the contracting officer at the egency of contractor identified in Block 8. For contracts with DDD, a copy should also be provided to the Defense Contract Management Agency IDCMA) at the cognizent Defense Contract Management Area Operations (DCMAO) office.

For the Small Business Administration (SBA):

A copy of this report must be provided to the cognizant Commercial Market Representative ICMRI at the time of a compliance review. It is NOT necessary to mail the SF 294 to SBA unless specifically requested by the CMR

STANDARD FORM 294 IREV 9/2001) PAGE 3

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10b. LARGE BUSINESS CONCERNS /E	Dollar Amount and Percent	of 10	Dc.)				
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AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is not usable

STANDARD FORM 295 (REV. 10-2001) Prescribed by GSA - FAR 146 CFRI 53, 219(b)

GENERAL INSTRUCTIONS

- 1. This report is not required from email businesses.
- 7. This form collects subcomiract award data from prime doublectors/subcontractors that: [a] hold one or mine contracts over \$500,000 lover \$1,000,000 for construction of a public facility; and by are required to report subcontracts awarded to Small Business ISBI, Small Desadvantaged business ISBID. Women-Owned Small Business (WOSB), Vacerun-Owned Small Business (VOSB), Service-Disabled Veteran-Owned Small Business, end NUBZone Small Business HTMBZone Small Business authonormatic and Space Administration (NASA), and the Cost Guerd, this form also collects subcontract award data for Materials Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).
- 3. This report must be submitted semi-annually flor the six months ended March 31st and the twelve months ended September 30th) for contracts with the Department of Ostense (DOO) and annually flor the twelve months ended September 30th) for contracts with civilian agencies, evenus for contracts covered by an approved Commercial Plan (see appetul) instructions in right-hand column). Reports are due 30 days after the close of each exporting general.
- 4. This report may be submitted on a corporate, company, or subdivision (e.g., plant or division operating on a subdivision center) basis, unless otherwise directed by the agency awarding the contract.
- 5. If a prime contractor/subcontractor is performing work for more than one Federal agency, a separate report shall be submitted to each agency covering only that agency's contracts, provided at least one of that agency's contracts is over \$500,000 tower \$1,000,000 for construction of a public lackful and contains a subcontracting plan. [Note that DOD is considered to be a single agency; see next restriction.]
- 6. For DOD, a constolledted report should be submitted for all contracts awarded by military departmental-agencies and/or subcontracts awarded by OOD prime contractors. However, DOD contractors involved in construction and related maintenance and repair must submit a separate report for each DOD component.
- Only subcontracts revolving performance in the U.S. or its outlying areas should be included in this report.
- Purchases from a corporation, company, or subdivision that is an affiliate of the primareubcontractor are not included in this supers.
- Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards, note to their immediate subcontractors. Credit cannot be taken for ewards enads to lower the subcontractors.
- 10. See apacial instructions in right-hand column for Commercial Plans.

SPECIFIC INSTRUCTIONS

- BLOCK 2: For the Contractor Identification Number, unter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bredstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (11 Company carne, (2) Company address; (3) Company (elephone number; (4) Line of business, (5) Chief executive officerikey manager; (6) Date the company was started, (7) Number of people amplayed by the company; and (8) Company affiliation.
- BLOCK 4: Check only one. Note that March 31 represents the air months from October 1st and that September 30th represents the twelve months from October 1st. Enter the year of the reporting period.
- BLOCK 5: Check whether this report is a "Regular," "Final," entifor "Revised" report. A "Final" report should be checked only if the contractor has completed all the contracts containing subcontracting plans awarded by the agency to which it is reporting. A "Revised" report is a change on a report previously submitted for the same armod.
- **BLOCK 6: (Dentily the department or agency administring the majority of toboontracting plane.**
- BLOCK 7: This report ancompasses all contracts with the Federal Government for the agency to which it is submitted, including subcontracts received from other large businesses that have contracts with the serve agency. Indicate in this block whether the contractor is a prime contractor, subcontractor, or both lebeck only one).
- BLOCK 8: Check only one. Check "Commercial Plan" only if this report is under an approved Commercial Plan. For a Commercial Plan, the contractor must specify the percentage of dollars in Blocks 10s through 15b attributable to the agency to which this report is being submitted.
- SLOCK 9: Identify the major product or service least of the reporting organization,
- BLOCKS 10s through 18: These entries must include all subcontract awards resulting from contracts or subcontracts, segardless of dollar amount, received from the agency to which this report is systemated. It reporting as a subcontractor, report all subcontracts awards under prime contracts. Amounts must include both direct awards and an appropriate professed portion of indirect awards. The subcontract of the percentage of work being performed.

for the organization to which thereport is being aubmitted in relation to other work being performed by the prime contractor/subcontractor.) Do not include awards made in support of currout/call business unless "Commercial" is checked in Block 8 see Spacial Instructions for Commercial Plans in right hand, columnt, Rept only those dollars, Rept only those dollars subcontracted this fixes year for the period materials in Block 4.

BLOCK 10s: Report off subcontracts awarded to S8s including subcontracts to 506s, WOSBs, VOSBs, Service-Disabled VOSBs, and HUBZone S8s. For UOD, NASA, and Coast Guard contracts, include subcontracting awards to IIBCUs and

BLOCK 10b: Report all autoproracts awarded to large businesses (LØs).

BLOCK 10e: Report on this line the grand total of all subcontracts (the sum of lines,

BLOCK\$ 11 through 16: Each of these items is a subcategory of Block 10s. Note that in some cases the same dollars may be reported in more than one block (e.g., SDBs lowned by women); likewise subcontracts to MBCUs or MIs should be reported on both Block 11 and 13.

- BLOCK 11: Report at subcontracts awarded to SOBs fincluding women-owned, wheren owned, service distried VOSBs, and HUDZone SE SOBs! For DOD, NASA, and Const Goard contracts, include subcontract awards to MBCUs and Mis.
- BLOCK 12: Report all subcontracts awarded to WOSB firms (including SDBs, VOSBs, service-disagled VOSBs, and HUBZone SBs owned by women).
- **BLOCK 13:** [For contracts with DUB, NASA, and Coast Guerdi: Enter the doffer value of all subcontracts with MSCUs/Mis.
- BLOCK 14* Report all subcontracts ewarded to HUBZone SRs Including women-owned, vateran-owned, service disabled VOSOs, and SDB KUBZons SBs1.

BLOCK 15. Report all subcontracts awarded to VOSBs (including women-owned), SOB, and HUGZone SB VOSBs).

BLOCK 16: Report all subcontracts awarded to service disabled VOSBs (including Service-Disabled Veteran Owned Small Business Concerns that are SDBs, WOSBs, and HUBZone SBs). These subcontracts should also be reported in

SPECIAL INSTRUCTIONS FOR COMMERCIAL PLANS

-). This report is due on October 30th each year for the previous fiscal year ended. Sectionally 30th.
- 2. The ensural report submitted by reporting organizations that have an approved company-wide annual subcontracting plun for commercial items shall include all subcontracting activity under commercial plans in effect during the year and shall be submitted in addition to the required reports for other-than-commercial items, if any.
- 3. Enter in Blocks 10s through 15b the total of all subcontract awards under the contractor's Commercial Plan. Show in Block 8 the percentage of this total that is applicable to the ejector to which this report is being submitted. This report must be submitted to each agency from which contracts for commercial items opened by an approved Commercial Han were received.

DEFINITIONS

- Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).
- Indirect Subcontract Awards are those which, hacause of incurrence two common or joint purposes, are not identified with specific Government controlled those sweads are related to Government contract performance but retain to allocation effor diffect awards have been determined and identified to specific Government contracts.

SUBMITTAL ADDRESSES FOR ORIGINAL REPORT

For DOC Contractors, send reports to the originizant contract administration office to stated in the contract.

For Crohen Agency Contractors, sond reports to awarding agency:

- NASA: Forward reports to NASA, Office of Procurement (HS), Washington, 3C 20546
- OTHER FEDERAL DEPARTMENTS OR AGENCIES: Forward report to the OSDBU Oxector unless atherwise provided for in instructions by the Department or Agency.

FOR ALL CONTRACTORS:

SMALL BUSINESS ADMINISTRATION (SBA): Send finfo copy* to the cognizent Commercial Market Representative (CMR) at the address provided by SBA. Cell SBA Headquarters in Washington, SIC at 1202) 705-6475 for correct address it

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Base Wage		15.00
FICA	7.65%	1.11
State Unemploym	FIXED	0.00
Federal Unemploy	yFIXED	0.00
Workers Compen	2,53%	0.37
General Liability	FIXED	0.20
G&A	FIXED	0.99
Profit	FIXED	0.61
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COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:	3.	<u> </u>	REPORTING PERI	00
Name		Month	Day	You
Address				1,040
City		,	DATE SUBMITTE	ED
State		Manch	Da_{i}	Payre
Zip Code			<u> </u>	
Office Telephone Number		<u>-</u>	JUDICIAL CIRCU	<u></u>
Fax Telephone Number				
Internet Address				
2. CONTRACTOR'S INFORMATION:	6.		DISTRICT	
Contract Manager				
Site Supervisor(s) / District(s)				
	7.	_	CONTRACT NUMB	ER
<u></u>				
	8.	CONTR	ACT PERFORMANC	E PERIOD
			·	· · · · · · · · · · · · · · · · · · ·
	-,			
9. CONTRAC	OR'S SIGNATURE			
I hereby certify that the information provided in this report is true and accurate to the best NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL (TYPE OR PRINT				
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL.	DATE			

Contract Number	er:				Reporting Per	iod:		
District		Number of	f Authorized	Positions		onthly Activit	ty	· · · · · · · · · · · · · · · · · · ·
No.	District	Full-time	Shared	Total	Fiscal Year Enhancements	Current Vacancies	Authorized Transfers	Comments
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Section J. Attachment 3(J) USMS 00.00

SECTI	ON II - 9	TAFFING	G INFO	RMATIC	אכ								
	ct Numb	er:				Circuit:			Reporting Period:			·· -	 -
District: Facility:				•				-					
Lo	cation	Auth	orized Pos	itions				••••		···	·		
District	Facility	Full-time	Shared	Total	}								
		Antual	Staffing O	. Peard			Uniform Issue	Weapon's	Date of Last	lie Branchise	<u> </u>	-	
		Full-time	Shared	Total	Employ	ce's Status	Date		Medical Examination	In-District Training Phase I	Orientation Phase II	Annual	Start
		t titl-tillite		10101	Full-time	St or S2	1	Quanticular 2010	Medical Examination	Thase i	rnaze ()	Trammy	Date
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Section 1 - Attachment 3(4) L SMS 02/00

Contract	Number:	CIES	_		Report	ing Period:			
District	Facility Code	Name of Person Departing	Employme Full-time		Vacuncy Date	Reason for Vacancy	Replacement Package Due On:	Replacement Package Sent On.	
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TOTAL N	MBER OF VAC.	ANCIES FILLED THIS MONTH: ANCIES REMAINING THIS MONTH:							

ontract	Number:					F	Reporting Period:	
	Facility	Total Number	Type of I		Task Order . Receipt	Contract Document	CSO Package	CSO Package
istrict	Code	Enhancements Received	Full-time	St or 52	Date	Reference Number	Due On:	Sent On:
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TALN	IIMBER OF F	NANCEMENTS PENDING LAS	T MONTH:				Comments	
TALN	UMBER OF EX	HANCEMENT RECEIVED THE	S MONTH:	<u> </u>		· ·		•
TAL N	UMBER OF EX	SHANCEMENTS FILLED THIS P	MONTH:	1				

SECTION V	SECTION V - NEW HIRES	S							
Contract Number:	ımber:			 		Reporting Period:	eriod:		- 4
	Facility		Employnent Status	r Status	Official Reporting	Individual Will Fill a:	Will Fill a:		
District	ğ Çodi	Name of Employee	Full-time	St or 52	Date	Richary	Enhancement	Communits	
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				SUMMARY	SUMMARY OF NEW HIRES	IRES			_
TOTALNUM	TOTAL NUMBER HIRED LAST MONTH:	ST MONTH:						Соплания	,
TOTAL NUM	BER HIRED DU	TOTAL NUMBER HIRED DURING THIS CONTRACT PERIOD:			j F				
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	OVERTIME				
ntract Nu				Reporting Period:	
RTIMÉ COI	DES:				
B		TITY OF COURT OPERATION NOT B xplanation is required when this co		CHVITY	
nhorization Date	Date Overtime Worked	Name of Government Official Authorizing O/T	Name of the CSO Authorized to Work	Total Hours Worked	Justification Select the roote that best describes the reason for the overtweet in whiteon, if the avenume effect was not worked by "Shared" CSO personnel, please equino with
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				SUMMARY OF OVE	RTIME WORKED
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TAL NUMBER	R OF OALBOURS W	HIS MONTH:		<u> </u>	
FAL NUMBE	B OF OUT HOUSE M	HIS MONTH: ORED DURING THIS CONTRAC	T PERIOD:	· j	1
AL NUMBER	R OF OIL HOLKS W	TIRED IN THIS CONTRACT		-	1

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Section 1 + Attachment 2(4) E-MMS (9) and Common Section 1 - Attachment 2(4)

ntract Number	r:				Reporting Pe	rind:	
Travel	•		Name of Government	· · ·	reporting 1 c	1100.	
Authorization	Travel Per	rind	Official Authorizing	Name of Employee	Travel (Driginated	
Date	From	То	Travel	Authorized to Travel	From:	To:	Purpose of Travel
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	Reporting Period:	Commence construction of the parties of Second Seco									
DENTS		Details									
SECTION VIII - ACCIDENTS	Contract Number:	Diite Accident <u>Occurr</u> ed									

Contract Number:	NTS, PROBLEMS ENCOUNTERED, FUTURE PLANS AND ACTS OF HER Reporting Period:	

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SECTION X - WORKHOURS		
Contract Number:	Reporting Period:	

____ Judicial Circuit - Fiscal Year 2002

	MONTHLY STATISTICS OF HOURS WORKED														
District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	REPORT CUMULATIVE TOTAL		
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TOTAL	 														

	ANNUAL STATISTICS OF ACTUAL HOURS WORKED													
District	District No.	Site Supervisors	CSO Positions	Contract Hours (Based on 2008 hrs./position)	CUMULATIVE HOURS WORKED									
			<u>.</u>	0										
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TOTAL				0										

SECTION XI - BILLING INFORMATION	LING INFORM	IATION					
Contract Number:					:	Reporting Period:	iod:
				Judicial Circuit Fiscal Year 2002	ircuit		
		Total M	Total Monthly Billing				Cumulative Total
District							
October	Š	\$	S	\$	S	S	S
November	\$	S	S	\$	S	S	S
December	S	\$	s	S	\$	S	\$
January	S	S	S	S	\$	S	\$
February	\$	S	.	S	83	S.	S
March	\$	رم.	S	ь	\$	رم د	Ş
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May	S	\$	S	S	\$	\$	S
June	S	S	\$	-	s	.	\$
July	S	\$. جي	s _A	S	S	us;
August	\$	S	S	S	S	S	S
September	S	\$. ∽;	S	S	\$-	S
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Summary Monthly Report Guidelines and Requirements

The monthly report is comprised of 29 sub-reports containing similar data arranged and displayed in differing manners. Each sub-report shows a required breakdown of data needed by the USMS. Rather than require the contractor to complete each individual report in a repetitive manner over and over, the USMS will provide the Contract Management System (CMS) to the contractor to alleviate all of the redundant data entry work. The contractor will be responsible for tracking and maintaining the required data for the Monthly Report in their own data repository. On a monthly basis the contractor will create a data upload into the CMS, conduct a thorough evaluation of the data uploaded into the CMS and create a data dump from within the CMS to send to the USMS as their monthly report submission. Utilizing this data transfer method will create all 29 sub reports at one time opposed to 29 individual steps. The 29 sub reports comprising the monthly report are as follows:

- Circuit level Summary
- Staffing information
- Vacancy information
- Enhancements
- New hires.
- Overtime by facility
- Travel.
- Accidents
- Narratives
- Summarized work hours by circuit.
- Billing information
- Monthly hours worked by personnel.
- Monthly Basic Hours worked by full-time CSOs including hours worked in Court
- Monthly Overtime Hours worked by full-time CSOs including hours worked in Court
- Monthly Circuit Summary of All Basic Hours worked by Full-time CSOs
- Monthly Circuit Summary of All Overtime Hours worked by Full-time CSOs
- Monthly Basic Hours Worked by shared Positions
- Monthly Overtime Hours Worked by shared Positions
- Monthly Circuit Summary of All Basic Hours Worked by Shared Positions
- Monthly Circuit Summary of All Overtime Hours Worked by Shared Positions
- Monthly Circuit Summary of All Basic Hours Worked by Fulltime CSOs and Shared
- Monthly Circuit Summary of All Overtime Hours Worked by Fulltime CSOs and Shared
- Monthly Total Amount Billed for Basic Hours worked by Full-time CSOs
- Monthly Total Amount Billed for Overtime Hours worked by Full-time CSOs
- Monthly Total Amount Billed for Basic Hours worked by Shared Positions
- Monthly Total Amount Billed for Overtime Hours worked by Shared Positions

- Monthly Total Summary Amount for All Basic Hours Worked by Full-time CSOs and Shared Positions
- Monthly Total Summary Amount for All Overtime Hours Worked by Full-time CSOs and Shared Positions
- · Monthly Startup Report

To complete each of the individual reports, various data elements are tracked in the CMS and in turn must be tracked in the contractor's data repository as well. Below are the base data element categories as well as their detailed data elements:

- Basic CSO Data
 - CSO Status
 - CSO Last Med Exam Date
 - CSO In-district Training Phase 1
 - CSO In-district Training Phase 2
 - CSO Medical Exam Cost
 - CSO Start Date
 - CSO Termination Date
 - CSO Uniform Cost
 - CSO Uniform Issue Date
 - CSO Weapon Cost
 - CSO Weapons Qualifications Date
- Basic Contact Information
 - Contact First Name
 - o Contact Last Name
 - Contact Date of Hire
 - Contact Employee Number
- Basic Organization Information
 - o Organization Name
 - o Organization Phone
 - Organization Fax
 - Organization Street Line 1
 - Organization Street Line 2
 - Organization City
 - Organization Zip.
 - Organization State
- Basic Facility Information
 - Facility Name
 - Facility Code
 - Facility Street Line 1
 - Facility Street Line 2
 - Facility City
 - Facility Zip.

- Facility State
- Monthly Billing Data
 - Amount billed
 - Date bill sent.
- Daily CSO Hours Worked
 - Daily In-court Hours worked by day of the month.
 - First of the Month In-court Hours
 - Second of the Month In-court Hours
 - Third of the Month In-court Hours.
 - Fourth of the Month In-court Hours
 - Fifth of the Month In-court Hours
 - Sixth of the Month In-court Hours
 - Seventh of the Month In-court Hours
 - Eighth of the Month In-court Hours
 - Ninth of the Month In-court Hours
 - Tenth of the Month In-court Hours
 - Eleventh of the Month In-court Hours
 - Twelfth of the Month In-court Hours
 - Thirteenth of the Month In-court Hours
 - Fourteenth of the Month In-court Hours
 - Fifteenth of the Month In-court Hours
 - Sixteenth of the Month In-court Hours
 - Seventeenth of the Month In-court Hours
 - Eighteenth of the Month In-court Hours
 - Nineteenth of the Month In-court Hours.
 - Twentieth of the Month In-court Hours
 - Twenty First of the Month In-court Hours
 - Twenty Second of the Month In-court Hours
 - Twenty Third of the Month In-court Hours
 - Twenty Fourth of the Month In-court Hours
 - Twenty Fifth of the Month In-court Hours
 - Twenty Sixth of the Month In-court Hours
 - Twenty Seventh of the Month In-court Hours
 - Twenty Eighth of the Month In-court Hours
 - Twenty Ninth of the Month In-court Hours
 - Thirtieth of the Month In-court Hours
 - Thirty First of the Month In-court Hours
 - If overtime, date overtime authorized
 - Employment Status Fulltime or Shared
 - Any comments needed regarding Hours Worked for given day
 - Daily Out-of-court Hours worked by day of the month
 - First of the Month Out-of-court Hours
 - Second of the Month Out-of-court Hours

- Third of the Month Out-of-court Hours
- Fourth of the Month Out-of-court Hours
- Fifth of the Month Out-of-court Hours
- Sixth of the Month Out-of-court Hours.
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- Twenty Eighth of the Month Out-of-court Hours
- Twenty Ninth of the Month Out-of-court Hours
- Thirtieth of the Month Out-of-court Hours
- Thirty First of the Month Out-of-court Hours
- If overtime, date overtime authorized
- Employment Status Fulltime or Shared
- Any comments needed regarding Hours Worked for given day

Narrative of Specific events

- Event Description
- Event Date
- Event Type Major Accomplishment, Problems Encountered, Future Plans or Acts of Heroism

Site Accidents

- Detailed description of the site accident
- Date of the Accident.
- Any supporting document an ole link will be allowed
- Any supporting accident comments

Travel

Date Travel Authorized

- Purpose of Travel
- o Travel Departure Date
- Travel to Destination
- Travel Return Date
- Travel Return to location
- Total Travel Costs Billed
- Vacancy Information
 - Vacant Position Number
 - Date Position became Vacant
 - Vacancy Reason
 - Date Replacement Package Due
 - Date Replacement Package actually Sent
 - Reason for Vacant Position.
 - Vacancy Comments

Each and every month, the contractor will be responsible for gathering this data within their data repository, uploading the data into the CMS system and then providing a data dump to be emailed to the USMS. The process to be incorporated by the contractor should take approximately one half day to upload data into the CMS, 1-3 days to verify the accuracy of the output reports and one half day to create the data dump to be emailed and finally email the data dump the USMS.

The hardware requirements needed to run the CMS are a windows based computer with Pentium 133 MHz or faster processor (Pentium III recommended), Microsoft Windows 98, Me, NT 4.0, or 2000, 128 MB RAM, 300 MB hard disk space, CD-ROM drive and a Super VGA (800 x 600) or higher-resolution monitor with 256 colors.

The software requirements needed to run the CMS are Microsoft Access 2000 and an email client to send the data dumps to the USMS.